

PHONE 410-398-2206

FAX 877-398-8063

MOUNT AVIAT ACADEMY
399 CHILDS ROAD
CHILDS. MARYLAND 21916-0085

APPLICATION FOR ADMISSION OF STUDENT

Student
Last Name _____ First Name _____ Middle _____

Street _____ Development _____

City _____ State _____ Zip _____

Current School (if applicable) _____

Home Phone _____ Date of Birth ____ / ____ / ____

Parents' Names _____

Work Telephone Numbers – Father _____ Mother _____

Cell Phone Numbers – Father _____ Mother _____

Reason for applying to Mount Aviat Academy _____

Please indicate your willingness to support school affairs, obligatory fund-raisers

We the undersigned, agree to comply with the regulations of Mount Aviat Academy
And to accept the terms of payment of all fees as stated.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

GRADE AND YEAR APPLYING FOR:

PRESCHOOL 20__ 20__ Child must be 4 by Sept. 1St.

KINDERGARTEN 20__ 20__ Child must be 5 by Sept. 1St.

GRADE ____ FOR YEAR 20__ 20__

Office use only:

Date application received _____ Initials _____

Reconfirmed – Date _____ Grade Requested _____ Initials _____